

for each additional person/entity.

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## DVP/RVP Supplement

Please complete this supplement if you are requesting to establish your account with Velox as either a Delivery vs. Payment ("DVP") or Receive vs. Payment ("RVP") account. Account Name: \_\_ City State Zip Address Please complete the Beneficial Owner Form for all individuals or entities that own 10% or more of the entity opening the account. List any other DVP/RVP accounts opened by the entity at other financial institutions. Account Number Financial Institution Name Financial Institution Name Account Number **DVP/RVP Instructions** Institution Name:, Contact Name: . Contact Telephone Number Tax Identification Number Agent Number Institutional Identification Number Internal Account Number DTC Number Interested Party Additional Interested Party **Duplicate Confirmations** ☐ Yes ☐ No Paper Confirmations Name Address City State Zip □ Electronic Confirmations E-mail Address Name If duplicate confirmations are to be sent to more than one person/entity, then please provide the information requested above

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## **Regulation SHO**

Client hereby attests to having the responsibility for insuring an appropriate locate will be done on securities before the time a short sale order is entered pursuant to SEC Rule 240.10a-1 and NASD Rule 3370. Client attests that they will always affirm by contacting Velox that the locate has been done for the number of shares related to the entry of a short sale order and that the locate will be confirmed PRIOR to the entry of any short sale order.

## **Securities Due Diligence**

Client hereby attests to the following:

Any securities transacted through this account are registered under the Securities Act of 1933 ("the Act") or qualify for one of the exemptions from registration provided under the Act. Client is not a control person of the issuer or an underwriter with respect to the securities. The transaction is not part of a distribution of securities of the issuer. Client will not transact in microcap securities.

**Entity Status Certification** 

Is this account for a foreign entity?	□ Yes □ No
If yes, please complete the separate For Correspondent Account Form and list U	
Is this account for a foreign bank?	□ Yes □ No
If yes, please complete the separate Co	ertification Regarding Correspondent Account for Foreign Banks Form.
Is this account for a foreign shell bank or does the	his entity offer services to a foreign shell bank? ☐ Yes ☐ No
If yes, Velox will not open the account.	
deviation from normal business practices. Delivericontrary to regulatory guidelines by the client, his/lithe account and expose the broker to regulatory a	behalf of a client is a privilege, not a right. Your broker(s) should be alert to any ies and receipts of securities should take place on settlement date and anything her agent, or the broker would create serious doubt as to the bona fide nature of action and/or economic loss.  Please Sign and Date Below
r	riease sign and bate below
X	
Signature of Authorized Individual	Date
Print Name of Authorized Individual	
	Broker/Dealer Use Only
X	
Signature of Principal	Date
Print Name of Principal	Velox Account Number

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